



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Community School Participant Enrollment



Date _____ School name _____

PARTICIPANT INFORMATION

Name _____ Age _____ DOB ____/____/____

Grade (as of August 1) _____ Sex M F

Address _____ City _____ State _____

Medical conditions _____

GUARDIAN INFORMATION

Guardian #1

Name _____ Relationship to child _____

Address _____ City _____ State _____

Home phone _____ Work phone _____ Cell phone _____

E-mail address _____

Guardian #2

Name _____ Relationship to child _____

Address _____ City _____ State _____

Home phone _____ Work phone _____ Cell phone _____

E-mail address _____

I, as guardian of the child named as participant above, attest to the fact that all information contained in the enrollment packet submitted for the School Year 2016/2017 is accurate and up-to-date.

Guardian's signature _____ Date _____



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YMCA Community Schools PARTICIPANT ENROLLMENT PACKET

Child's name _____

Name of Program Location _____

INDIVIDUALS AUTHORIZED TO PICK-UP MY CHILD

Name	Relationship	Cell Phone	Home Phone	Is age 12 or over	Can be contacted in emergency
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CONSENT TO LEAVE WITHOUT AUTHORIZED PICK-UP INDIVIDUAL (OPTIONAL)

Your child (AGED 12 AND OVER) may only leave the YMCA Community Schools Program Site without being signed out by an authorized individual if the statement below is initialed.

_____ I hereby give permission for my child, named above, to leave the YMCA Community Schools Program Site without being picked up by an authorized individual.
Initials

AUTHORIZED PICK-UP AND EMERGENCY PICK-UP WAIVER

I authorize the individuals listed above to pick up my child/ward. I release the YMCA of Metropolitan Chicago, its officers, directors, Board of Managers, Trustees, participants, volunteers, employees or agents and each of them (collectively, the "YMCA") of all liability and responsibility for my child/ward after he/she has been picked up and/or leaves from the program. I acknowledge and voluntarily assume full responsibility for risk of bodily injury, death, property damage or loss that my child/ward may sustain after he/she leaves the program location. I, for myself, any personal representatives, assigns, heirs and next of kin, hereby fully release, waive, discharge and covenant not to sue the YMCA from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the YMCA Community Schools Initiative and/or participation in any activities related thereto (collectively, the "Initiative"). In case of emergency, attempts will be made to reach the parent/legal guardian first. If not available, the YMCA will contact one (or more, as necessary) of the individuals on my emergency contact list. I understand that I, along with those authorized to pick up my child, will be required to show picture ID each time my child is picked up, unless the staff member on site at the time of sign out can confidently identify the person from previous encounters.

THIS CONSENT AND AUTHORIZATION HAS NO EXPIRATION AND SHALL BE VALID AS LONG THE CHILD IS ENROLLED IN A PROGRAM.

ACKNOWLEDGMENT OF RECEIPT OF HANDBOOK

I have received the Y-CSI Parent Handbook in an effort to gain a full understanding of Y-CSI programs, procedures and expectations. My signature below acknowledges receipt of the Parent Handbook.

I understand that this handbook may be amended during the school year without notice. This handbook in the latest version is applicable to all CSI participants upon the implementation of any change. The YMCA will notify all parents and students in writing, where possible, of any changes to the handbook.

I have read and fully understand the above information, assumption of risk, waiver and release of all claims.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ Date _____

Printed name of Parent/Legal Guardian _____



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FACILITY USER/FIELD TRIP AGREEMENT

I agree that my child/ward and I (as applicable) will follow all rules and regulations of the YMCA of Metropolitan Chicago ("YMCA") while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, and understand and agree that my child/ward may be expelled or I may be removed from YMCA premises at any time for failure to abide by such rules and regulations.

IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I ALSO UNDERSTAND THAT PROGRAM ACTIVITIES INCLUDE FIELD TRIPS TO LOCATIONS OUTSIDE THE YMCA PREMISES, AS DESCRIBED IN DETAIL IN THE PROGRAM MATERIALS, AND THAT PUBLIC OR PRIVATE TRANSPORTATION MAY BE UTILIZED TO TRANSPORT PARTICIPANTS TO AND FROM THESE FIELD TRIP LOCATIONS. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from my, and/or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.

2. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA or Metropolitan Chicago, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees or agents (the "Releasees") and each of them from any and all claims for injuries, damage or loss that I or my minor child/ward may incur whether in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA premises, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.

3. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost they may incur from my, and/or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any loss, liability, damage or cost that is caused by the YMCA's gross negligence.

I further expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is held invalid, it is agreed that the remaining Agreement shall, notwithstanding, continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL PAST, PRESENT AND FUTURE VISITS AND USES BY ME TO ANY YMCA FACILITY OR PROPERTY.

I HAVE READ AND VOLUNTARILY SIGNED THIS FACILITY USE/FIELD TRIP AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.

Signature of Parent/Legal Guardian _____ Date _____

Printed name of Parent/Legal Guardian _____



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MEDICAL RELEASE AND INFORMATION

STATEMENT OF CONFIDENTIALITY

Information you provide will be deemed confidential by the YMCA of Metropolitan Chicago and will be shared only with YMCA staff involved in the program or in case of an emergency as detailed below.

RIGHT TO REASONABLE ACCOMMODATION

The YMCA of Metropolitan Chicago invites persons with disabilities to enjoy Y programs and facilities. If you or your child requires a reasonable accommodation or reasonable modification due to a disability to enjoy any of our programs, please inform YMCA staff and a member of the YMCA's inclusion department will contact you.

PLEASE DO NOT SKIP QUESTIONS. WRITE "NONE" OR "N/A" IF NEEDED.

HEALTH HISTORY

Describe any of your child's current health conditions requiring medical attention, treatment, special restrictions or considerations while in programming _____

Does your child take any medications? If so, please list _____

Is/Are the medication(s) required as a result of a disability? If so, please state the disability _____

Does your child have any allergies, including food? If so, please list _____

Please describe reaction to allergies/management of allergies _____

Are there any activities that your child should be exempted from for health reasons? Yes No

If so, please describe _____

Are all immunizations required for school up to date? Yes No (exemption letter must be provided)

Physician's name _____ Phone Number _____

MEDICAL RELEASE

I confirm that the information provided above is complete and accurate. YMCA staff have been trained and are certified in First Aid/CPR/AED. I understand that YMCA staff are not authorized to administer medication, including any medications listed above, unless I have completed and submitted a "Medication Consent Form", a "Physician Medical Action Plan", and a "Parent/Guardian/YMCA Staff Medical Action Plan". If medication may need to be administered to my child/ward during program hours, I understand that it is my responsibility to request these forms and to work with a physician and YMCA staff to complete them in order to allow medication to be administered. **Please note that the YMCA, at its sole discretion, reserves the right to not administer medications.**

I do hereby give permission for YMCA of Metropolitan Chicago staff to authorize the transfer of my child, named above, off property for the purpose of emergency medical care in case of an emergency. I understand that every effort will be made to reach me at the contact information I have provided. I hereby give my permission for YMCA staff to share the name and contact information of the physician identified above with emergency personnel. In the event that I am not available, I also give permission for YMCA staff to share any relevant information included in the Health History section above for the purposes of securing appropriate emergency medical care for my child. This authorization will expire one year from the signature date below.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ Date _____

Printed name of Parent/Legal Guardian _____



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PHOTO/TALENT RELEASE

In consideration of my child/ward's participation in activities to be conducted and/or sponsored by the YMCA, the receipt and sufficiency of which is hereby acknowledged, I hereby freely and without restraint consent to and grant the YMCA of Metropolitan Chicago and its agents, successors, licensees, assigns, and affiliated entities (collectively, the "YMCA") the right to publish, print, photograph, videotape, record or otherwise reproduce my child/ward's voice, appearance, opinions, statements, biographical information, name, place of residence (city and state) and other personal information concerning my child/ward, to own all the results thereof as a work for hire for copyright purposes, and to exhibit, display, distribute, transmit and/or otherwise exploit any and all such reproductions containing my child/ward's voice, opinions, statements, appearance, and/or other contributions, altered as the YMCA may see fit, in any and all media now or hereafter known, including without limitation by means of internet, email, still photography, billboard, radio, television, video, soundtrack recordings, printing, merchandising, public displays, exhibitions, and in advertising and/or publicity in connection therewith, and the right to use my child/ward's name, city and state of residence in any connection with any of the foregoing. The rights granted by me hereunder are granted for the entire universe and shall inure in perpetuity and no further compensation shall be payable to me or my child/ward at any time in connection there with. I hereby release the YMCA from any and all claims and demands arising out of or in connection with the uses stated above, including without limitation any and all claims for libel, slander, invasion of privacy, infringement of my right of publicity, defamation, copyright or trademark violation, and any other personal and/or proprietary rights, and I agree that I shall not now or in the future assert or maintain any such claim against the YMCA with respect to the subject matter herein. The release shall be governed by Illinois law without regard to its conflict of laws principles.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ Date _____

CONSENT FOR ASSESSMENT

The YMCA of Metropolitan Chicago ("YMCA" or "we") is asking to collect assessments (i.e. surveys) from your child during the program day. We use these to evaluate how our programs currently serve the academic and social needs of your child and to plan ways to continue nurturing their development. Assessments often happen in the beginning and the end of the programming session, this way we can measure the growth of your child's development. The results of the assessment will be used to inform how YMCA staff trains and plans to best support your child. We will use assessments widely utilized in child and youth programming to tell us more about a child's development across our mission anchors: Academic Readiness, Character Development, Violence Prevention, and Fitness and Healthy Living. Results will be stored securely with the YMCA. Your child's name and any other identifying information will not be shared with parties outside the YMCA (except to conduct such assessments, and such parties will be instructed not to share your child's information) or published with information identifying your child without your permission. Results will not impact your child's participation or enrollment in YMCA programs. I give my consent to YMCA's Learning and Evaluation staff and other professionals secured by the YMCA to collect assessments from my child.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ Date _____

VOLUNTEER INTEREST (OPTIONAL)

EMAIL ADDRESS: _____

I would like to (check all that apply):

- Volunteer in the After School program
- Serve on the Advisory Board
- Sign up for adult programs/classes
- Attend family/community events

For Office Use Only

Packet Reviewed by _____ Date _____

CSI Participant Tracking Sheet Updated